

## **MINUTES**

### **MONTANA HOUSE OF REPRESENTATIVES 58th LEGISLATURE - REGULAR SESSION**

#### **JOINT APPROPRIATIONS SUBCOMMITTEE ON HEALTH AND HUMAN SERVICES**

**Call to Order:** By **CHAIRMAN EDITH CLARK**, on February 3, 2003 at 8:00 A.M., in Room 472 Capitol.

#### **ROLL CALL**

**Members Present:**

Rep. Edith Clark, Chairman (R)  
Sen. John Cobb, Vice Chairman (R)  
Rep. Dick Haines (R)  
Rep. Joey Jayne (D)  
Sen. Bob Keenan (R)  
Sen. Emily Stonington (D)

**Members Excused:** None.

**Members Absent:** None.

**Staff Present:** Robert V. Andersen, OBPP  
Pat Gervais, Legislative Branch  
Lois Steinbeck, Legislative Branch  
Sydney Taber, Committee Secretary

**Please Note.** These are summary minutes. Testimony and discussion are paraphrased and condensed. The time stamp refers to material below it.

**Committee Business Summary:**

Hearing & Date Posted: Child and Family Services Division  
Executive Action: Health Policy Services Division

**{Tape: 1; Side: A; Approx. Time Counter: 1.8 - 5.2}**

**Pat Gervais, Legislative Fiscal Division (LFD)**, noted that on February 10, there would be a hearing on HB 158, the bill on tribal Temporary Assistance to Needy Families (TANF). She then presented a copy of the bill draft for MTAP, noting the strikeouts. She asked what the Subcommittee would like to do with it.

**EXHIBIT (jhh23a01)**

**{Tape: 1; Side: A; Approx. Time Counter: 5.2 - 5.8}**

**Motion/Vote:** SEN. STONINGTON moved TO PROCEED WITH FINISHING THE DRAFT PROCESS. Motion carried 6-0 on a voice vote.

#### **EXECUTIVE ACTION ON HEALTH POLICY SERVICES DIVISION**

**{Tape: 1; Side: A; Approx. Time Counter: 6.9 - 16}**

**Motion:** SEN. KEENAN moved THAT \$20 MILLION IN GENERAL FUND AND AUTHORITY, INCLUDING STAFF AND OPERATING EXPENSES FOR THE CHILDREN'S MENTAL HEALTH SYSTEM (CMHS), BE MOVED FROM ADDICTIVE AND MENTAL DISORDERS DIVISION (AMDD) TO CFSD. LFD staff will work with the Director's Office and the Administration of those two divisions and get back to the Subcommittee with any other action that they will need to take to accomplish this.

#### **Discussion:**

**SEN. KEENAN** said that he thinks it is time to look at tying children's services together with mental health services for children in one area of the Department. Under AMDD, management tends to overemphasize the adult system. He added further that the children's system is fragmented, and he would like to establish a system of wrap-around care for children. In general discussion with other members, he added that \$20 million would be moved from AMDD to CFSD and that he would want LFD staff and the Department to put together a comprehensive system of care for children, including mental health. He asked that staff bring this information to the Subcommittee on or before February 17. The Department was asked to respond.

**{Tape: 1; Side: A; Approx. Time Counter: 16 - 27.6}**

**John Chappuis, Deputy Director of the Department of Public Health and Human Services (DPHHS)**, said that DPHHS has had discussion to determine where children's mental health fits. When AMDD was formed, the thought was that it would be better to put all mental health services together. He said that it could be looked at from three perspectives: mental health, children's services and also by funding stream. He said that they need to look at where

the best place to put the services would be and whether it could possibly stand alone. In further discussion, a successful precedent for this type of action was noted, when Adult Protective Services (APS) was moved from Child and Family Services (CFSD) to Senior and Long Term Care Division (SLTCD). Bringing the Children's Health Insurance Program (CHIP) umbrella into the equation with its 80-20 match was also discussed. **Mr. Chappuis** said that it is important to consider the funding stream, the expertise, and the infrastructure. It is also important to meet the needs of both the providers and recipients of services. The possibility of restructuring AMDD, so that adult and child services were split, was also considered, and it was suggested that the multi-agency Children's Council and other agencies that play a role in children's services should be part of the discussion as well.

**{Tape: 1; Side: A; Approx. Time Counter: 27.6 - 42.8}**

In further discussion, **REP. JAYNE** commented on the direction that the Subcommittee was headed in and suggested that restructuring of the division was a task that could take a long time. She added that since the Subcommittee is supposed to develop policy, she would like the information from staff and the division before transmittal and before they vote on it so she has a chance to study what they will be doing. **Mr. Chappuis** cautioned that care must be taken since reorganization often brings unintended consequences. **SEN. KEENAN** said that he would like the Subcommittee to keep meeting after transmittal, if necessary, to continue to work on this issue. **CHAIRMAN CLARK** designated **SEN. STONINGTON** to work with the Department, LFD staff, and **SEN. KEENAN** on this proposal.

**{Tape: 1; Side: A; Approx. Time Counter: 42.8 - 43.8}**

**Vote:** Motion carried 6-0 on a voice vote.

#### **EXECUTIVE ACTION ON HEALTH POLICY SERVICES DIVISION**

##### **New Proposals - Administrative Services Division**

**{Tape: 1; Side: A; Approx. Time Counter: 43.8 - 45.4}**

**Motion/Vote:** **SEN. COBB** moved TO ADOPT DP 255, ENVIRONMENTAL HEALTH TRACKING. Motion carried 6-0 on a voice vote.

**{Tape: 1; Side: A; Approx. Time Counter: 45.6 - 46}**

**Motion/Vote:** **SEN. COBB** moved TO ADOPT DP 256, LIBBY ASBESTOS SCREENING. Motion failed 6-0 on a voice vote.

**{Tape: 1; Side: A; Approx. Time Counter: 46 - 50.5}**

**{Tape: 1; Side: B; Approx. Time Counter: 0.2 - 13.2}**

**Motion: SEN. COBB moved TO ADOPT DP 56, REDUCE (HEALTH POLICY SERVICES DIVISION) HPSD ADMINISTRATION.**

#### **LFD Issue on Reduction of Administrative Staff Support**

##### **Discussion:**

**Ms. Steinbeck** observed that the decision package (DP) reduces the staff from 3.00 Full Time Equivalents (FTE) to 1.00 FTE, including a reduction in the level of budgeted FTE by 1.00. It does not, however, include the reduced FTE. She suggested that the Subcommittee may want to identify the position to be eliminated if it accepts the executive proposal. **Mary Bullock, Administrator of HPSD**, asked that they be allowed to keep the 1.00 FTE, should money become available during the biennium for funding it. Responding to Subcommittee member questions, **Ms. Bullock** stated that there may be the possibility of increased funding from the federal government, and while any increase would go primarily toward services, the division is in need of support staff.

**Bob Andersen, Office of Budget and Program Planning (OBPP)**, said that this is part of a larger discussion. The Budget Office allowed the reduction of personal services, though they did not eliminate the FTE. He explained that in the past FTE have been eliminated and then have been reinstated as modified positions. They decided to avoid that step, since this would not be the addition of an FTE.

**{Tape: 1; Side: B; Approx. Time Counter: 13 - 13.2}**

**Vote: Motion carried 6-0 on a voice vote.**

**{Tape: 1; Side: B; Approx. Time Counter: 13.2 - 29.8}**

**SEN. KEENAN** suggested that he move all the present law adjustments on page B-84 of the Budget Analysis, with exception of DP 56. **Mr. Chappuis** asked that they defer on DP 68 as well.

**Motion: SEN. KEENAN moved TO ADOPT DP S 39, 41, 57, 60, 64, 70, AND 72.**

##### **Discussion:**

There was discussion of categorical eligibility for Native American children and adults for Medicaid, which would be a huge cost savings. The idea was brought to **SEN. KEENAN** by representatives of the Confederated Salish and Kootenai (CSK) and

the Crow nation. **Ms. Bullock** said that, specific to DP 68, it would not be allowable with IHS. **Mr. Chappuis** added that IHS identifies Medicaid-eligible people, and Medicaid can be billed directly if individuals using IHS are Medicaid-eligible. **Ms. Steinbeck** commented that it would work if they could make Indian children categorically eligible for Medicaid and if they used an IHS provider. She said that it would be a cost shift to the federal government and questioned whether a class of people could be made categorically eligible based on ethnicity. She suggested another possibility would be to locate Medicaid eligibility specialists at IHS facilities. **Mr. Chappuis** inserted that IHS is already paid at the maximum federal rate, and there is freedom of choice in Medicaid, so you cannot make someone go to an IHS facility. Keeping rates as high as possible brings in more federal money, and this means more money for IHS with which they could improve their facilities and hire more doctors. This could encourage more people to use those facilities.

**{Tape: 1; Side: B; Approx. Time Counter: 29.5 - 31}**

**Vote: Motion carried 6-0 on a voice vote.**

#### **New Proposals**

**{Tape: 1; Side: B; Approx. Time Counter: 31 - 34.5}**

**Motion: SEN. KEENAN moved TO ADOPT DP 37, 40, 42, 45, 48, 49, 51, 52, 53, 54, AND 55.**

#### **LFD Issue on Breast and Cervical Cancer Treatment Program**

**Ms. Steinbeck** stated that the Breast and Cervical Cancer Treatment Program has been reinstated in the Executive Budget as a new proposal, however, legally it is not a new proposal, but a present law adjustment. It appears to be an expansion of government, but is not. The other issue is whether increases in federal grants can be used to offset general fund savings, and it appears that those potentials are limited.

**{Tape: 1; Side: B; Approx. Time Counter: 34.5 - 36.5}**

**Substitute Motion/Vote: SEN. STONINGTON made a substitute motion TO RECLASSIFY DP 52 AS A PRESENT LAW ADJUSTMENT. Substitute motion carried 6-0 on a voice vote.**

**{Tape: 1; Side: B; Approx. Time Counter: 36.5 - 37.5}**

**Motion/Vote: SEN. STONINGTON moved TO ADOPT DP 52 AS A PRESENT LAW ADJUSTMENT. Motion carried 6-0 on a voice vote.**

*{Tape: 1; Side: B; Approx. Time Counter: 37.5 - 39.5}*

Motion/Vote: SEN. KEENAN moved TO ADOPT NEW PROPOSALS DP 37, 40, 41, 45, 48, 49, 51, 53, 54, AND 55. Motion carried 6-0 on a voice vote.

*{Tape: 1; Side: B; Approx. Time Counter: 39.5 - 40.7}*

Motion: SEN. KEENAN moved TO ADOPT ALL DPS ON PAGE B-85 OF BUDGET ANALYSIS EXCEPT 250, 253, 255, 256, AND 259.

SEN. KEENAN withdrew his motion.

*{Tape: 1; Side: B; Approx. Time Counter: 40.7 - 49.8}*

Motion/Vote: SEN. COBB moved TO ADOPT DP 65, FEDERAL AUTHORITY AND 1 FTE. Motion carried 6-0 on a voice vote.

*{Tape: 2; Side: A; Approx. Time Counter: 0.3 - 1.1}*

Motion/Vote: SEN. COBB moved TO ADOPT DP 66, MEDICAID PHARMACY AUDIT. Motion carried 6-0 on a voice vote.

*{Tape: 2; Side: A; Approx. Time Counter: 1.1 - 2}*

Motion/Vote: SEN. COBB moved TO ADOPT DP 74, COUNTY PUBLIC HEALTH DEPARTMENT ADMINISTRATIVE IGT. Motion carried 6-0 on a voice vote.

It was agreed to defer action on DP 240.

*{Tape: 2; Side: A; Approx. Time Counter: 6.5 - 10.9}*

Motion/Vote: REP. CLARK moved TO ADOPT DP 242, REDUCTION OF OPTIONAL SERVICES. Motion carried 4-2 with SEN. COBB and REP. JAYNE voting no on a voice vote. SEN. STONINGTON voted REP. JAYNE's proxy.

#### LFD Issue on the End Stage Renal Disease Program

*{Tape: 2; Side: A; Approx. Time Counter: 10.9 - 18.4}*

There was discussion on the executive request to reinstate the End Stage Renal Disease (ERSD) program. Ms. Steinbeck explained that the request has been adjusted so that there is no net change in general fund. DPHHS reinstated \$200,000 for ERSD and have reduced hospital provider rates by another \$100,000 general fund per year, which brings the reduction in this program to 1.88% to 2.02%. The Subcommittee will take action on this in DP 254.

*{Tape: 2; Side: A; Approx. Time Counter: 18.4 - 19}*

Motion/Vote: SEN. COBB moved TO ADOPT \$100,000 GENERAL FUND EACH YEAR FOR END STAGE RENAL DISEASE. Motion carried 6-0 on a voice vote. SEN. STONINGTON voted REP. JAYNE's proxy.

**{Tape: 2; Side: A; Approx. Time Counter: 19 - 25.4}**

There was discussion of the executive proposal to limit physician visits to ten per year. **Ms. Bullock** explained that the division is trying to improve disease management of clients, and it is planning to institute a nurse hotline as well. **Mr. Chappuis** added that there is flexibility for those who require more than the ten visits per year, but many do not need such frequent access.

**{Tape: 2; Side: A; Approx. Time Counter: 25.4 - 38.3}**

**Motion:** REP. CLARK moved TO ADOPT DP 244, LIMIT PHYSICIAN VISITS TO 10 PER YEAR.

**Discussion:**

**SEN. COBB** asked if this DP would make a difference in physician access, and what the effect of a 2% rate increase over the next biennium would be. **Mr. Chappuis** responded that physicians already think that Medicaid does not pay adequately and to add such a small increase would perhaps be upsetting.

**{Tape: 2; Side: A; Approx. Time Counter: 38.2 - 38.9}**

**Vote:** Motion failed 3-3 with REP. CLARK, REP. HAINES, and SEN. KEENAN voting aye on a voice vote. SEN. STONINGTON voted REP. JAYNE's proxy and REP. HAINES voted SEN. KEENAN's proxy.

It was agreed to defer action on DP 254, reduction in provider rate increases.

**{Tape: 2; Side: A; Approx. Time Counter: 43.9 - 44.5}**

**Motion/Vote:** SEN. COBB moved TO ADOPT DP 257, TRANSPORTATION PROGRAM CHANGES on a voice vote. Motion carried 5-1 with REP. JAYNE voting no. SEN. STONINGTON voted REP. JAYNE's proxy and REP. HAINES voted SEN. KEENAN's proxy.

**{Tape: 2; Side: A; Approx. Time Counter: 46.2 - 46.7}**

**Motion/Vote:** SEN. COBB moved TO ADOPT DP 258, PHARMACY PROGRAM CHANGES on a voice vote. Motion carried 5-1 with REP. JAYNE voting no. SEN. STONINGTON voted REP. JAYNE's proxy and REP. HAINES voted SEN. KEENAN's proxy.

**{Tape: 2; Side: A; Approx. Time Counter: 47.2 - 48.2}**

**Motion/Vote:** SEN. COBB moved TO ADOPT DP 282, FTE REDUCTION. Motion carried 5-1 with REP. JAYNE voting no on a voice vote. SEN. STONINGTON voted REP. JAYNE's proxy and REP. HAINES voted SEN. KEENAN's proxy.

*{Tape: 2; Side: B; Approx. Time Counter: 1.3 - 1.8}*

Motion/Vote: SEN. COBB moved TO ADOPT DP 40, OBESITY PREVENTION PROGRAM. Motion carried 6-0 on a voice vote. SEN. STONINGTON voted REP. JAYNE's proxy and REP. HAINES voted SEN. KEENAN's proxy.

It was noted that they had already voted on DP 40.

*{Tape: 2; Side: B; Approx. Time Counter: 2.3 - 2.8}*

Motion/Vote: SEN. COBB moved TO ADOPT DP 237, CARDIOVASCULAR DISEASE 1.5 FTE. Motion carried 6-0 on a voice vote. SEN. STONINGTON voted REP. JAYNE's proxy and REP. HAINES voted SEN. KEENAN's proxy.

The Subcommittee agreed to defer on DP 245, which would eliminate part of the general fund for the poison control system.

*{Tape: 2; Side: B; Approx. Time Counter: 6.3 - 6.6}*

Motion/Vote: SEN. COBB moved TO ADOPT DP 246, REDUCTION OF TUMOR REGISTRY GENERAL FUND SUPPORT. Motion carried 4-2 with REP. JAYNE and SEN. STONINGTON voting no on a voice vote. REP. HAINES voted SEN. KEENAN's proxy.

It was agreed to defer on DP 250, elimination of MIAMI/Prenatal general fund support.

*{Tape: 2; Side: B; Approx. Time Counter: 9.2 - 9.6}*

Motion/Vote: SEN. COBB moved TO ADOPT DP 251, ELIMINATION OF GENERAL FUND SUPPORT FOR FARMER'S MARKET on a voice vote. Motion failed 3-3 with REP. CLARK, REP. HAINES, and SEN. KEENAN voting aye. REP. HAINES voted SEN. KEENAN's proxy.

*{Tape: 2; Side: B; Approx. Time Counter: 12.3 - 12.8}*

Motion/Vote: REP. CLARK moved TO ADOPT DP 252, ELIMINATION OF FAMILY PLANNING GENERAL FUND SUPPORT. Motion carried 4-2 with REP. HAINES and REP. JAYNE voting no on a voice vote. REP. HAINES voted SEN. KEENAN's proxy.

*{Tape: 2; Side: B; Approx. Time Counter: 12.8 - 15.3}*

Ms. Steinbeck pointed out that DP 37 should have \$604,793 each year of the biennium for federal special revenue authority. The Subcommittee agreed that this was the amount it had voted on in SEN. KEENAN's prior motion.

*{Tape: 2; Side: B; Approx. Time Counter: 15.5 - 25.7}*

Motion: REP. CLARK moved TO ADOPT DP 248, REDUCTION IN EPIDEMIOLOGY AND SURVEILLANCE GENERAL FUND.



**Discussion:**

There was discussion as to whether the emergency fund or the bio-terrorism grant could be used for this purpose. **Mr. Andersen** said that the emergency fund could be used for this, but that only \$10,000 per situation could be used. In further discussion, it was determined that the bio-terrorism grant could not be used for this, and that the unit needing funds could get them after the fact from the emergency fund.

**{Tape: 2; Side: B; Approx. Time Counter: 26.7 - 27.2}**

**Vote:** Motion carried 5-1 with REP. JAYNE voting no on a voice vote. REP. HAINES voted SEN. KEENAN's proxy.

**{Tape: 2; Side: B; Approx. Time Counter: 27.2 - 29.7}**

**Ms. Steinbeck** commented that the Executive Budget was amended to increase the diabetes grant. Referring to DP 54 on which they had voted, she stated that the amounts should read \$148,239 in FY04 and \$147,842 in FY05, in addition to the already listed amounts. The Subcommittee agreed that it had intended to include those amounts in its motion.

**LFD Issue Regarding Elimination of the AIDS Grant**

**{Tape: 2; Side: B; Approx. Time Counter: 29.7 - 33.8}**

**Ms. Steinbeck** observed that the Department has stated that elimination of the program may jeopardize federal HIV treatment funds and asked if they have confirmation of that. **Terry Krantz, DPHHS**, said that they have received no additional information on that yet. He added that the funds would be maintenance of effort (MOE).

The Subcommittee deferred on DP 249.

**{Tape: 2; Side: B; Approx. Time Counter: 33.8 - 36.4}**

**Motion/Vote:** SEN. COBB moved TO ADOPT DP 261, INCREASE IN RAPE PREVENTION. Motion carried 6-0 on a voice vote. REP. HAINES voted SEN. KEENAN's proxy.

**{Tape: 2; Side: B; Approx. Time Counter: 36.4 - 36.9}**

**Motion/Vote:** SEN. COBB moved TO ADOPT DP 8063, POOL AND SPA EXEMPTION. Motion carried 6-0 on a voice vote. REP. HAINES voted SEN. KEENAN's proxy.

**LFD Issue with Regard to I-146****{Tape: 2; Side: B; Approx. Time Counter: 36.9 - 49.5}**

There was discussion on the issue of DP 253 and deferring until after the I-146 bill is heard. **Ms. Steinbeck** clarified that the DP replaces \$5.5 million of general fund currently spent on Children's Health Insurance Program (CHIP) over the biennium and uses \$2.6 million of I-146 funds allocated to CHIP to offset Medicaid matching funds. The LFD and Department legal counsel believe that it is illegal to use CHIP-allocated funds to match Medicaid. If the legislature chooses to adopt the executive proposal, it could amend the statute to allow this use and clarify how much could be used for Medicaid match. In continued discussion, it was clarified that there would be a supplantation of general fund with tobacco money and that there would be no CHIP expansion. There was discussion of the possibility of a cliff effect in the use of excess federal authority. The State receives a fixed amount of federal funding, and should it expend all federal and state resources, the State could be eligible for an additional pool of funds of \$2.7 billion.

**{Tape: 3; Side: A; Approx. Time Counter: 0.3 - 15.8}**

There was continued discussion of the issue of funds that revert to the federal government and how other states have used these. Issues involved are: fully spending the grants and consequent long-term sustainability and how it relates to CHIP. Whether the Subcommittee accepts the Executive Budget or not, there is an additional \$1.5 million from I-146 available to match additional federal funds. This could be used to pull down \$2 to \$3 million in additional CHIP grant. **Ms. Steinbeck** offered some alternative program uses for the money. **SEN. STONINGTON** said that she would like to prioritize \$1.5 million to the Montana Comprehensive Healthcare Act (MCHA) as the initiative intended and then \$5.5 million be used to maximize CHIP money. The other LFD issue with regard to this money is that the Executive Budget does not include an expanded tobacco control or prevention program.

The Subcommittee agreed to defer on DP 253.

**{Tape: 3; Side: A; Approx. Time Counter: 15.8 - 16.8}**

**Motion/Vote:** REP. CLARK moved TO ADOPT DP 67, STATE SPECIAL AUTHORITY FOR LAB EQUIPMENT REPLACEMENT. Motion carried 6-0 on a voice vote. REP. HAINES voted SEN. KEENAN's proxy.

**{Tape: 3; Side: A; Approx. Time Counter: 16.8 - 18}**

**Motion/Vote:** REP. CLARK moved TO ADOPT DP 247, ELIMINATION OF THE GENERAL FUND SUPPORT FOR THE PUBLIC HEALTH LAB. Motion failed 0-6 on a voice vote.

**Legislative Audit of Child and Family Services Division**

***{Tape: 3; Side: A; Approx. Time Counter: 18 - 39.3}***

**Mike Wingard, Legislative Audit Division (LAD)**, distributed copies of the Performance Audit Summary of the Child Protective Services System (CPS) and reviewed the audit methods, areas of compliance and non-compliance, and the audit recommendations. He explained that the audit review concentrated on uniformity of CPS documentation, documentation associated with various critical decisions made by social workers, county attorneys, and the courts. The issues were grouped in to areas including: statutory compliance, case file documentation, services provided, foster care placements, and supervisory review. The recommendations were developed as a result of observations based on interviews. He reviewed the various areas of lack of uniformity and non-compliance and stressed the need for better documentation, increased supervision, and creation of standards and a training program that is centrally monitored.

**EXHIBIT (jhh23a02)**

***{Tape: 3; Side: A; Approx. Time Counter: 39.3 - 49.5}***

***{Tape: 3; Side: B; Approx. Time Counter: 0.3 - 15.5}***

**Shirley Brown, Child and Family Services**, presented a summary of the Department response and reviewed the areas of compliance and non-compliance with which it concurred or partially concurred.

**EXHIBIT (jhh23a03)**

***{Tape: 3; Side: B; Approx. Time Counter: 15.5 - 49.5}***

**Ms. Brown** distributed an overview and introduced her bureau chiefs. She then reviewed the overview, touching on the division mission, programs and services, caseloads and caseload management, staffing needs, and funding.

**Ms. Brown** addressed the problem of training and retaining staff, informing the Subcommittee that it cost \$1,500 a year for the initial and ongoing training of social workers. Responding to Subcommittee questions, she said that there is a 20% turnover rate. There is difficulty in retaining staff because of the high caseloads, lack of time, and consequent stress. Most complaints that come in to the division are related to the issues of staff and time. A 2001 study reviewed the division and concluded that it would require 40 new social workers to relieve the situation. She added that the University of Montana has a strong social work program, so they should have no problem hiring new social workers if they had the money.

**EXHIBIT (jhh23a04)**

**EXHIBIT (jhh23a05)**

**EXHIBIT (jhh23a06)**

The Subcommittee requested a list of the most important recommendations with which the Department partially concurred in order to make budget adjustments. There was further discussion of the issue of documentation and whether the specific incident, which resulted in the audit, had been addressed; **Mr. Wingard** said that it was being addressed.

***{Tape: 4; Side: A; Approx. Time Counter: 0.3 - 14}***

In discussion of the Protective Services Continuum, **Ms. Brown** explained that the courts are involved if a child is placed in foster care. She reviewed the steps that are taken to place a child in foster care and stressed that social workers and the Department do not make the decision alone. The county attorneys, court-appointed guardians, and judges have input as well. In response to the criticism that the system appears to set parents up for failure, **Ms. Brown** said that after a child is placed in foster care, a family treatment plan is worked on, and that parents and children are involved in the development of the family plan. The Department also emphasizes kinship arrangements, whereby children are placed with non-custodial parents or members of the extended family.

**EXHIBIT (jhh23a07)**

Responding to questions regarding subsidized adoption, **Ms. Brown** stated that permanent placement is extremely important for children. The Department tries to place children with adoptive families if they have been in state custody for 15 to 22 months. There are exceptions. For example, if a parent has shown willingness to comply with the necessary steps to reunification, but has not quite got there within that time frame, the time may be extended.

***{Tape: 4; Side: A; Approx. Time Counter: 14 - 49.5}***

**Ms. Brown** reviewed the centralized intake system, staffing, calls received, reports filed, investigations, and placements. She said that children can be placed in foster care if they are at imminent risk of harm, and that those who take the reports are trained on the risk factors involved.

**EXHIBIT (jhh23a08)**

**EXHIBIT (jhh23a09)**

**EXHIBIT (jhh23a10)**

**Ms. Brown** reviewed the in-home services provided to families at risk of abuse or neglect in order to maintain the child safely in the home. These include: home visiting, parenting classes, stress and anger management, budgeting, transportation, childcare, and respite. These services are also used by foster parents. Foster care providers must be trained and licensed. There is an increased use of kinship foster care, especially in Native American families. She stated that in the 2001 biennium, more children exited foster care than entered and suggested that one reason for this may have been the in-home services. They expect that there will be more guardianships since they have focused on placing children with family.

**ADJOURNMENT**

Adjournment: 12:00 P.M.

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REP. EDITH CLARK, Chairman

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SYDNEY TABER, Secretary

**EXHIBIT** (jhh23aad)